

Meeting Attendees – Advisory Board Members	
Name	Organization
Ron Levy (Co-Chair)	Department of Social Services
Barrett Toan (Co-Chair)	Private Sector Co-Chair
Donald Babb	Citizens Memorial Hospital
Steve Calloway	University Hospital
Margaret Donnelly	Department of Health and Senior Services
Karen Edison	Center for Health Policy, Missouri Telehealth Network & Dept. of Dermatology, University of Missouri
Tracy Godfrey	Family Health Center
Tom Hale	Sisters of Mercy Health System
Herb Kuhn	Missouri Hospital Association
Ian McCaslin	MO HealthNet Division
Joseph Pierle	Missouri Primary Care Association
Andrea Routh	Missouri Health Advocacy Alliance
Mahree Skala	Missouri Association of Local Public Health Agencies
Steven C. Walli	United HealthCare of the Midwest
David Weiss	BJC HealthCare
Karl Wilson	Crider Center for Mental Health
Meeting Attendees – Observers	
Alesha Adamson	TX Health Services Authority
Tim Andrews	Manatt Health Solutions
Brian Bernskoetter	Sandlot
Christy Bertelson	Office of Administration
Brian Bowles	Missouri Association of Osteopathic Physicians & Surgeons
Mark Cone	N-Tegrity Solutions
Loretta Courtney	Clay County Health Department.
Matt Dudzik	Missouri Info Tech
Matt Duffy	Bass & Associates, Inc.
Don Fowls	Infocrossing Healthcare Services
Teresa Gerard	Blue Cross Blue Shield of Kansas City Kansas City Quality Improvement Consortium
Mark Gutchen	Department of Social Services
Jim Hansen	CareEntrust
Phil Hartman	Jefferson City Medical Group (JCMG)
Kathy Hasley	Missouri Senate
Lauri Hines	Department of Health and Senior Services
Gerald Hoff	Kansas City Health Department
Sharon Hoffarth	Primaris
Jeffrey Howell	Missouri State Medical Association
John Huff	MGC HIMSS & e-Health Resource, LLC
Tyler Jenkins	
Pam Jodock	Anthem
Sally Johnson	Clay County Health Dept.
H. Diana Jones	Department of Social Services/MO HealthNet Division
Brian Kinkade	Department of Social Services
Jessica Land	Patek & Associates
Thomas K. Langston	SSM Health Care

Denni McColmn	Citizens Memorial Healthcare
Ken McMinn	Scotland County Memorial Hospital
Patrick Mills	Missouri State Medical Association
Scott Monsees	Missouri Primary Care Association
Ebrahim Moshiri	Object Computing, Inc.
Mike Paasch	SSM Health Care - St. Louis
Joe Parks	Department of Mental Health
David Renfro	Availity, LLC
William Shoehigh	Microsoft and Dell
David Smith	Anthem
Tim Swinfard	Missouri Coalition of Community Mental Health Centers
Pam Victor	HealthCare USA
Felix Vincenz	Missouri Center for Comprehensive Psychiatric Services
Deloise Williams	Department of Corrections
Susan Wilson	Missouri Primary Care Association Missouri Center for Primary Care Quality and Excellence
Staff	
George L. Oestreich	Department of Social Services/MO HealthNet Division
Charlotte Krebs	Primaris/Department of Social Services
Beth McQuaide	Department of Social Services/MO HealthNet Division
Bill Bernstein	Manatt Health Solutions
Melinda Dutton	Manatt Health Solutions
Kier Wallis	Manatt Health Solutions

Next Meeting	January 21, Time and Location TBD
Action Items	<p><i>The Advisory Board will meet on the third Thursday of each month from TBD. In Jefferson City. In-person attendance is strongly recommended.</i></p> <ul style="list-style-type: none"> ➤ The Advisory Board is encouraged to review the materials distributed at the kickoff meeting.
Content Reviewed Materials are available online at http://www.dss.mo.gov/hie/index.shtml	<ul style="list-style-type: none"> ➤ Governor Jay Nixon provided opening remarks, emphasizing the opportunity for Missouri to improve the affordability, quality and value of health care and bring new investment to the state. The Governor emphasized the importance of privacy and security, along with the following six objectives: <ul style="list-style-type: none"> • Electronic records can help reduce costly and preventable medical errors and avoid duplication of treatments and procedures. • Health information exchange can dramatically improve the coordination of care and the quality of decision-making, even among health care providers who are miles away from one another. • Provides us with an opportunity to give Missourians more complete, accurate and timely information with which to make decisions about their own health care. • Makes health information portable, so that whether consumers are switching providers or become sick while on vacation, their health history is available at the point of care. • We believe that if done correctly, promoting the use of standardized electronic health records and interoperable systems with strict safeguards can improve patient privacy. • Moving from paper records to electronic health records has tremendous potential for lowering administrative costs and thus making health care more affordable. ➤ HIE and HITECH Opportunities Overview <ul style="list-style-type: none"> ○ Definitions: Health information exchange (HIE); Regional health information organization (RHIO); Health information organization (HIO); Electronic medical record (EMR); Electronic health record (EHR); Personal health record (PHR) ○ Opportunities: Medicare and Medicaid payment incentives for health information technology (HIT) adoption; appropriations for HIE development; appropriations for (HIT) (regional centers); broadband and telehealth; workforce development; beacon communities ○ Meaningful use: Providers can draw down incentives by using certified EHR technology in a meaningful manner, including: electronic prescribing, electronic exchange of health information, and reporting on clinical quality measures ○ Missouri's <i>projected</i> meaningful use and HIE stimulus funding: <ul style="list-style-type: none"> ▪ State HIE Program: \$13.8M ▪ Medicare meaningful use: \$442M ▪ Medicaid meaningful use: \$404M ○ Missouri is a state without a strategic or operational plan; Missouri submitted an application for planning funding to develop a strategic and operational plan in 2010 ○ States across the country are taking different approaches to HIE (e.g. Idaho, Indiana, New York) ➤ Project Overview

	<ul style="list-style-type: none"> ○ Workgroup Framework – The Workgroups will provide recommendations for review and consideration of the Advisory Board. The six Workgroups are interrelated; issues and recommendations will need to be vetted across Workgroups. ○ Project Timeline – The Strategic Plan is scheduled for completion by the end of February; the Operational Plan is scheduled for completion by the end of April. ○ Strategic Plan Requirements ➤ Review of Domains, Considerations & Key Questions <ul style="list-style-type: none"> ○ Governance <ul style="list-style-type: none"> ○ Governance Models <ol style="list-style-type: none"> 1. Market-driven approach 2. (A) Not-for-profit governance entity 2. (B) Not-for-profit governance entity and operator 3. State-led ○ Privacy and security ○ Technical infrastructure ○ Finance ○ Consumer engagement
<p>Key Commentary & Discussion</p>	<ul style="list-style-type: none"> ➤ There is concern among the state's providers and hospitals' abilities to meet Medicare and Medicaid meaningful use requirements. <ul style="list-style-type: none"> ○ The State will have a greater role in the administration of Medicaid incentives. ➤ The industry is awaiting the Notice of Proposed Rule Making (NPRM) for additional guidance specific to meaningful use. ➤ Received applause for the creation of a Consumer Engagement work stream at the outset of the process. ➤ The rural nature of the state poses challenges to financing statewide HIE; the issue of financing and sustainability has not been solved elsewhere ➤ There is a desire among stakeholders to focus on the exchange of information and communication among physician to improve patient care. ➤ Questions were raised about the "brisk" timeline of the project and whether it was too aggressive or not aggressive enough to ensure providers will be able to achieve meaningful use. ➤ Question was raised about patient consent policies and other state approaches around opt-in or opt-out; there are various approaches to patient consent in place around the county that Missouri may evaluate and consider. ➤ Question about the project's scope and whether it should be confined to clinical information exchange? The answer is not necessarily; the challenge is how to prioritize efforts. ➤ Health plans are being asked to invest in HIE initiatives nationwide, sometimes multiple initiatives within a single state. This raises practical questions about how health plans will prioritize investments. ➤ Provider communications are paramount and critical to patient care; patient-provider communications are also important. ➤ The work of the Advisory Board should be grounded in health care improvement objectives. ➤ Co-chair's advice to Workgroups: <ul style="list-style-type: none"> ○ "Don't fall in love with any one answer." The Workgroups' efforts and deliverables are interdependent and decisions of one Workgroup will affect others. We hope participants will be open and honest, but also

Key Decisions	flexible in their thinking and ultimately dedicated to defining solutions that are best for all of Missouri. We should be starting with clinical objectives and building the plan based defined clinical objectives.
	NA
Next Steps/ Tasks for Next Meeting	<ul style="list-style-type: none">➤ Review the recommendations of the six Workgroups.➤ Review draft language for Strategic Plan.➤ Address any issues in question/conflict from Workgroups.
Workgroup Staff Contact Information	<ul style="list-style-type: none">➤ George L. Oestreich – george.l.oestreich@dss.mo.gov➤ Charlotte Krebs - ckrebs@primaris.org➤ Beth MCQuaide – beth.mcquaide@dss.mo.gov➤ Bill Bernstein – wbernstein@manatt.com➤ Melinda Dutton – mdutton@manatt.com➤ Kier Wallis – kwallis@manatt.com